

ADDITIONS/CHANGES to the *Substance Abuse Prevention Resource Directory*

Please return this form to: Leanne Morin-Plourde, Office of Substance Abuse, Information and Resource Center,
159 State House Station, Marquardt Building, AMHI Complex, Augusta, ME 04333-0159.
FAX: 287-8910 Questions? Please call 1-800-499-0027 or 287-8916.

Please use this form to submit additions or other changes to the *Substance Abuse Prevention Resource Directory*.

_____ Adding a resource _____ Correcting a resource _____ Deleting a resource _____ No Changes

Submitted by: _____ Phone #: _____

Provider's Name: _____

Organization's Name: _____

Mailing Address: _____

Home Phone: _____ Toll Free #: _____ TTY# _____

Work Phone: _____ Web Address: _____

FAX #: _____ Email Address: _____

IF ADDING A RESOURCE: Please identify **one** Topic area for each program in which you provide services. Enter the topic number below and provide descriptive information. **Attach additional sheets if you want to list additional services that you provide.**

Topic Areas

1 = Stages of Addiction
2 = Adolescent Chemical Dependency
3 = Adventure Based Prevention Programs
4 = Mentoring
5 = Asset Development
6 = Evaluation

7 = Family Dynamics
8 = Grant Writing
9 = Interactive Theater
10 = Music
11 = Parenting for Prevention
13 = Resiliency
14 = Ropes Course Programming
15 = Self-destructive Behavior

16 = Suicide Prevention
17 = Substance Abuse Education for Staff/Other Adults
18 = Violence Prevention
19 = Smoking Prevention
20 = Talking to Kids About Drugs (For Parents)
21 = Other - _____

_____ Name: _____

Description: _____

Training/Workshops: Y N

Speaker: Y N

Technical Assistance: Y N

(Example: Onsite Support,
Phone Consultation, Etc.)

_____ Name: _____

Description: _____

Training/Workshops: Y N

Speaker: Y N

Technical Assistance: Y N

(Example: Onsite Support,
Phone Consultation, Etc.)

Where will you provide services?

Statewide? Y N If not statewide, then in what Counties? _____

Do you charge a fee for services? Y N (Is it negotiable, sliding scale, free to non-profits, other: _____)

Do you request reimbursement for travel expenses? Y N Any other charges? Y N

Please include 2-3 sentences with additional biographic or other pertinent information.